

## Bay County Household Assistance Program Landlord Release of Information

This client has applied for assistance of rent and utility payments through the Bay County Household Assistance Program.

<b>Tenant Information</b>					
Tenant Name:					
Tenant Address:					
Tenant Phone Number:					
Monthly Rental Amount:					
Landlord Information					
Business Name:	-				
Contact Name:					
Address:					
Phone Number:					
I, the above named applicant, hereby gi the purpose of discussing all of the fact	ve Bay County s and circumst	permission to ances of my cur	communicate with my cur rent tenancy.	rent landlord or prope	arty manager for
Applicant Signature	9		Date		_
**TO BE COMPLETED BY	HE LANDL	ORD** Any	questions, please	call (989) 895-42	297
Date tenant became past due:					
Amount needed to become co	arrent:	S			
Are any of these included in re	nt amount?	Electric \$	Water/Sewer \$	Gas \$	_
As the landlord, you are acknowl Assistance Program. You are act tenant and any monies provided payments for your tenant. Payme	knowledging ( I to you thro	that the funds ugh this progr	provided are to go only am beyond what is owe	toward the rent pa	vments for your
Landlord - Please attach a W-9.					
I also acknowledge that I will not	commence ev	iction proceed	ngs against the applican	t for at least 90 days.	
Authorized Signature:			Date:		
Panalty for Eales or Fraudulant States					

Penalty for False or Fraudulent Statements:

US. C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies ... or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

